SUMMARY INVOICE FOR EXPEDITED SURGERY

Visiting Specialists' Clinic

PLEASE NOTE: Incomplete invoices will be returned. Please submit one invoice per patient.

Date surgery booked	Date surgery approved		Date surgery performed	
YY / MM / DD	YY / MM / DD		YY / MM / DD	
Name and address of specialist		Only one post-operative visit within 42 days of surgery is billable using fee item 19931 via Teleplan.		
			rV	
Payable to (indicate MSP payee number)		surgery		
Name of anesthetist				
Name of assistant		Facility		
Name of patient	Personal health number		WCB claim number	

Body part	Surgical procedure	MSP code	Time (hours)	Total (WCB use only)

Total hours	
Total payable (number of hours x rate ÷ 3.5)	\$

Signature	MD	MSP payee number
	MD	

